



New Jersey Department of Children and Families Policy Manual

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Policy 11-17-95

Medicaid can pay for:

- Home health care provided by certified licensed home health agencies, and
- Personal care assistant services provided by both certified licensed home health agencies and homemaker agencies.

These services are available to all children under CP&P supervision who are eligible for Medicaid or Code 65 and who require the services for medical reasons as prescribed by the child's doctor. If a child is enrolled in a Health Maintenance Organization (HMO), authorization for reimbursement from that entity is required prior to the rendering of any service.

Home health care agencies provide nursing services and homemaker-health aide services. Certain medical supplies are provided by the agency. Additional services may include physical therapy, occupational therapy, speech-language pathology services, medical social services, personal care assistant services, and other health care related services.

Homemaker agencies provide personal care assistant services, the initial nursing assessment visit, and the personal care assistant nursing reassessment visit only.

Home health care and personal care assistant services are provided to children in their place of residence, such as a private home, a CP&P adoption subsidy home or resource home, residential hotel, residential health care facility, rooming house or boarding home. Medicaid reimbursement is not available in a hospital, skilled nursing facility or intermediate care facility.

The Personal Care Assistant Service Program can be provided simultaneously with home health services, as long as the services of a home health aide and personal care assistance worker are not provided at the same time to the same patient.

If any CP&P child would benefit from these services the CP&P Worker should contact the child's physician and the home care agency directly to arrange the service. The home care agency requests prior authorization from the child's Managed Care Organization if applicable. If CP&P requires written or verbal progress reports from the home care agency, the Worker requests them at the time the services are being arranged. The frequency and format of reports is mutually agreed upon by the CP&P Worker and the home care agency before services begin.

Home Health Care 11-17-95

Home health care is based on medical necessity and a plan of care prescribed by a physician. The plan includes short and long-term goals for rehabilitation, restoration or maintenance written by the home care agency in cooperation with the child and/or responsible family member, resource parent or other caregiver. Appropriate instruction of the child, and/or the family or caregiver, as well as a plan for discharge, are also essential components of the treatment plan. The plan is reviewed periodically by the home care agency and revised appropriately according to the observed changes in the child's condition. The attending physician must approve any changes in the plan of care.

The provision of home health services can range from a complex concentrated professional program (for acute care cases) which could require the services of a public health nurse, registered professional nurse, a licensed practical nurse, physical therapist, occupational therapist, speech-language pathologist, social worker, and homemaker-home health aide to a less complicated program (as in chronic care cases) involving a homemaker-home health aide, personal care assistant and/or therapist and minimal visits by a registered nurse. The mixture of services provided and the duration of these services are determined by the home care agency based on the needs of each eligible child. Supplementation of home health care from a variety of other available community services may be necessary in order to maintain the child in the home environment. Those services may not necessarily be reimbursable through the Medicaid program.

Level of Care 8-5-86

Home health care services are provided according to the "level of care" required by a child. There are two levels of care, acute and chronic, provided by a home health agency paid by Medicaid.

- Acute home health care is a concentrated and/or complex service on a continuing basis where there is an anticipated change in the patient's condition and services required. Acute home health care services may be requested and authorized for a period up to 60 days. Services may be reauthorized as needed.
- Chronic home health care is either a long or short-term uncomplicated care where there is no anticipated change in condition and services required. Chronic

home health care services may be requested and authorized for a period up to six months. Services may be reauthorized as needed.

Types of Home Health Care Services 8-5-86

Home health care must be directed toward rehabilitation and/or restoration of the child to the optimal level of physical and/or mental functioning, self-care and independence, or directed toward maintaining the present level of functioning and preventing further deterioration, or directed toward providing supportive care in declining health situations.

The covered services include:

A. Nursing Services

The home health agency provides comprehensive nursing under the direction of a public health nurse supervisor as defined by the New Jersey State Department of Health.

These services include but are not limited to the following:

- Participating in the development of the plan of care including discharge planning.
- Identifying the nursing needs of the child through an initial assessment and periodic reassessment.
- Planning for management of the plan of care particularly as related to the coordination of other needed health care services.
- Skilled observing and monitoring of the patient's responses to care and treatment.
- Teaching and supervising the patient and family and consulting with CP&P and other interested persons involved with meeting the nursing care needs in the community setting.
- Implementing restorative nursing care involving all body systems including but not limited to:
 - a. maintaining good body alignment with proper positioning of bedfast or chairfast patients;
 - b. supervising and/or assisting with range of motion exercise;
 - c. developing the child's independence in all activities of daily living by teaching self-care including ambulation within the limits of the treatment plan;
 - d. evaluating nutritional needs including hydration and skin integrity, observing for obesity and malnutrition.

- Teaching and assisting the child with practice in the use of prosthetic and orthotic devices as ordered.
- Providing the child and the family or interested persons support in dealing with the mental, emotional, behavioral, and social aspect of illness in the home.
- Preparing nursing documentation including nursing assessment, nursing history, clinical nursing records and nursing progress notes and providing progress reports to CP&P on a pre-determined basis.
- Supervising and teaching other nursing service personnel.

B. Homemaker-Home Health Aide Services

Homemaker-home health aide services are performed by a certified homemaker-home health aide. An aide has successfully completed a training program in personal care services approved by the New Jersey Department of Health and works under the direction and supervision of a home health agency registered professional nurse. Services include personal care, health related tasks, and household duties. In all areas of service, the homemaker-home health aide encourages the well members of the family, if any, to carry their share of responsibility for the care of the patient as per the written plan of care. Household duties are covered services only when combined with personal care and other health services provided by the home health agency. Household duties can include such services as cleaning the patient's room, personal laundry, shopping, meal planning and preparation. In contrast personal care services can include assisting the child with grooming, bathing, toileting, eating, dressing, and ambulation. The determining factor for the authorization of household duties should be the degree of functional disability of the child as well as the need for physician prescribed personal care and other health services, and not solely the individual's medical diagnosis.

A registered nurse, in accordance with the physician's plan of care, prepares written instructions for the homemaker-home health aide that includes the amount and kind of supervision needed, the specific needs of the child and the resources of the child, the family, and other interested persons. Supervision of the homemaker-home health aide is provided by the registered nurse or appropriate professional staff member at a minimum of one visit every two weeks when in conjunction with skilled nursing, physical, occupational or speech language therapy. In all other situations, supervision is provided at the frequency of one visit every 30 days. Supervision may be provided up to one visit every 60 days with written justification in the agency's records.

The registered nurse or other professional staff members make visits to the child's residence to observe, supervise and assist when the homemaker-home health aide is present or when the aide is absent to assess relationships and determine whether goals are being met.

C. Special Therapies

The attending physician must prescribe or approve delivery of special therapy services. Special therapies include physical therapy, speech-language pathology services, and occupational therapy. Special therapists must review the initial plan of care and any change in the plan of care with the attending physician and the professional nursing staff of the home health agency. The attending physician must be given an evaluation of the progress of therapies provided as well as the patient's reaction to treatment and any change in the patient's condition.

The attending physician must prescribe in writing the specific methods to be used by the therapist and the frequency of therapy services. "Physical therapy as needed", or a similarly worded blanket order by the attending physician is not acceptable. Special therapists provide instruction to the home health agency staff, the child, the family and/or interested persons in follow-up supportive procedures to be carried out between the intermittent services of the therapists to produce the optimal and desired results.

1. Physical therapy: When the home care agency provides or arranges for physical therapy services, they are provided by a licensed physical therapist.
2. Speech-language pathology service: When the home care agency provides or arranges for speech-language pathology services, they are provided by a certified speech-language pathologist.
3. Occupational therapy: The need for occupational therapy is not a qualifying criterion for initial entitlement to home health services, however, the child's eligibility for home health services may be continued solely because of his need for occupational therapy. When the home care agency provides or arranges for occupational therapy services, they are provided by a registered occupational therapist.

D. Medical Social Services

When the home care agency provides or arranges for medical social services, they are provided by a social worker, or by a social worker assistant under the supervision of a social worker. These services include but are not limited to the following:

1. Identifying the significant social and psychological factors related to the health problems of the child and reporting any changes to the home health agency and to CP&P.
2. Participating in the development of the plan of care, including discharge planning, with other members of the home health agency.
3. Counseling the child and family/caregiver in understanding and accepting the patient's health care needs, especially the emotional implications of the illness.

4. Coordinating the use of appropriate supportive community resources, including the provision of information and referral services.
5. Preparing psychological histories, and clinical and progress notes.

E. Nutritional services

When the home care agency provides or arranges for dietary services, they are provided by a registered dietitian or nutritionist.

These services include but are not limited to the following:

1. Determining the priority of nutritional care needs and developing long and short-term goals to meet those needs.
2. Evaluating the child's home situation particularly the physical areas available for food storage and preparation.
3. Evaluating the role of the family/caregiver in relation to the child's diet control requirements.
4. Evaluating the child's nutritional needs as related to medical and socio-economic status of the home and family resources.
5. Developing a dietary plan to meet the goals and implementing the plan of care.
6. Instructing the child, other home health agency personnel and family/caregiver in dietary and nutritional therapy.
7. Preparing clinical and dietary progress notes.

F. Medical Supplies

Medical supplies (other than drugs and biologicals) including but not limited to gauze, cotton bandages, surgical dressing, surgical gloves, and rubbing alcohol are normally supplied by the home health agency to carry out the plan of care established by the attending physician and agency staff.

When a patient requires an unusual or an excessive amount of medical supplies costing more than \$30.00 per period of authorization, prior authorization for the supplier must be received from the appropriate Medical Assistance Customer Center. Requests for prior authorization of an unusual or an excessive amount of medical supplies must be accompanied by a personally signed, legible prescription from the attending physician.

G. Medical Equipment

Medical equipment is an item, article, or apparatus which is used to serve a medical purpose, is not useful to a person in the absence of disease, illness or injury and is capable of withstanding repeated use (durable). When durable medical equipment costing more than \$30.00 per the period of home health care is essential in enabling the home health agency to carry out the plan of care for a patient, a request for authorization for the equipment must be made by an approved medical supply dealer. The authorization, which is requested of the Medical Assistance Customer Center, requires a personally signed, legible prescription from the attending physician. Durable medical equipment either rented or owned by the home health agency cannot be billed to the New Jersey Medicaid Program.

Personal Care Assistant Services (PCA) 11-17-95

Definition 11-17-95

The Division of Medical Assistance and Health Services' Home Care Services manual, Chapter 60, describes personal care assistant services as "health related tasks performed by a qualified individual in a recipient's place of residence, under the supervision of a registered professional nurse, as certified by a physician in accordance with a written plan of care". Available from a home health agency or a homemaker agency, personal care assistant services provide long-term chronic or maintenance health care. When provided to Medicaid recipients, the service is reimbursable and available to chronically ill children in their place of residence which can include approved CP&P resource homes.

Types of Service 11-17-95

Personal care assistants provide help with daily living activities, household duties and health related activities essential to the patient's (child's) health and comfort. Situations that are eligible for personal care assistant services are:

- The child who requires extraordinary care and the resource parent requires assistance in the provision of that care;
- The child who requires rehabilitative and/or restoration therapy;
- The prevention of further deterioration or to provide supportive care in declining health situations; and
- The non-ambulatory child who requires assistance in performing daily living activities.

Limitations of Services for Reimbursement 11-17-95

Personal care assistant services that are provided in a residential health care facility, a Class C boarding home, a hospital or a nursing facility, or provided by a family member are not eligible for reimbursement by Medicaid.

The maximum allowable hours per week for personal care assistant services is twenty-five (25). Additional hours of up to fifteen (15) may be allowed if medically indicated by the recipient's doctor. The agency providing the increased services must notify the Medical Assistance Customer Center in writing or by telephone that the recipient is receiving more than twenty-five (25) hours of personal care assistant services.

Prior Authorization of Home Health Care Services 11-17-95

Prior authorization is required for home health services and personal care assistance services when the recipient is enrolled in a Health Maintenance Organization (HMO). Authorization must be obtained before the services are given. Requests for authorization are made by the home care agency to the Managed Health Care Organization and are initiated by the child's physician. The CP&P Worker should seek the cooperation of the child's physician in those cases where a need for the services is identified by the Worker and the physician has not already prescribed them.

Post Payment Quality Assurance Review of Home Health Care Services 11-17-95

The provider agencies of home health services or personal care assistant services use Medicaid approved notification forms to advise the Medical Assistance Customer Center that services have been initiated. The signature of the physician prescribing the services is kept on file by the provider agency, with the prescription. On a random selected basis Medical Assistance Customer Center staff request a plan of care and other documentation from the provider agency in order to conduct a post payment quality assurance review. The provider agency receives a performance report from the Medical Assistance Customer Center based on compliance with the standards set forth by Medicaid.

Payment of Homemaker Services (Medical) 10-9-2007

Homemaker services can be paid for through Medicaid for Medicaid eligible clients, based upon a doctor's prescription or certification of medical necessity. The services are referred to as PCA, personal care assistance, and homemaker-home health aide services. The providers of these services have agreements with Medicaid for direct billing.

Payment of Homemaker Services (Non-Medical) 11-17-95

Homemaker services that are not medically indicated are arranged and paid for by CP&P through use of CP&P Form 16-76, Special Approval Request. See [CP&P-IX-F-3-1100](#), Homemaker Services.